

P0700002884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

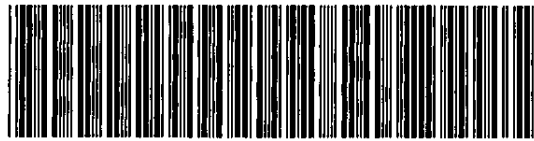
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600089258306

03/05/07--01032--020 \*\*87.50

FILED

07 MAR -5 PM 3:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/1

**TRANSMITTAL LETTER**

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT: Ocean Medical Associates, P.C.**

**(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUESTED**

FROM: Diana M. Chiong, D.O.  
Name (Printed or typed)

7908 Saddlebrook Drive, Port St. Lucie, FL 34986  
Address

772-873-9233  
Daytime Telephone Number

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I      NAME**

The name of the corporation shall be: Ocean Medical Associates, P.A.

**ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailing address is:

7908 Saddlebrook Drive, Port St. Lucie, FL 34986

**ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is: To provide physician services..

**ARTICLE IV      SHARES**

The number of shares of stock is: 10,000.

**ARTICLE V      INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

**ARTICLE VI      REGISTERED AGENT**

The name and Florida street address (P.O. Box **NOT** acceptable) of the registered agent is:

Diana M. Chiong, D.O.

7908 Saddlebrook Drive, Port St. Lucie, FL 34986

**ARTICLE VII      INCORPORATOR**

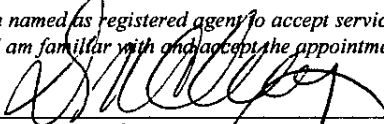
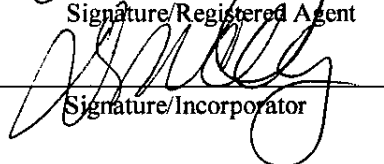
The name and address of the Incorporator is:

Diana M. Chiong, D.O.

7908 Saddlebrook Drive, Port St. Lucie, FL 34986

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent  
  
\_\_\_\_\_  
Signature/Incorporator

FILED  
07 MAR -5 PM 3:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3/1/7  
\_\_\_\_\_  
Date  
3/1/7  
\_\_\_\_\_  
Date